

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK**20 CV 0878**Kamies D. Caines - 19A1597
(In the space above enter the full name(s) of the plaintiff(s).)**COMPLAINT**

under the

Civil Rights Act, 42 U.S.C. § 1983

Jury Trial: Yes ☒ No ☐
(check one)

v:

Defendant No. 1 SGT. Pacheco NYS D.O.C

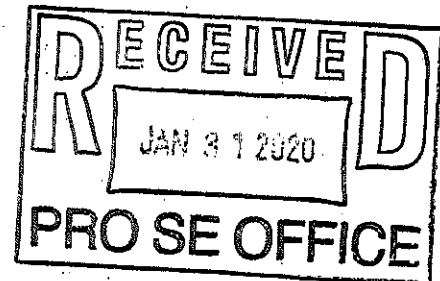
Defendant No. 2 C.O. M. Carlstrom

Defendant No. 3 C.O. Mitchell

Defendant No. 4 C.O. Johnson

Defendant No. 5 C.O. John Doe / Nob C.O. John Doe

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. No addresses should be included here.)

**I. Parties in this complaint:**

- A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff

Name

ID #

Current Institution

Address

Kamies Caines19A1597Elmira Corr. FacilityP.O. Box 500 Elmira, N.Y. 14902-0500

- B. List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1 Name SGT. Pacheco Shield # _____
 Where Currently Employed Downstate Corr. Facility Box F
 Address Red Schoolhouse RD Fishkill, New York 12524-0445

Defendant No. 2 Name C.O. M. Carlstrom Shield # _____
 Where Currently Employed Downstate Corr. Facility Box F
 Address Red Schoolhouse RD Fishkill, New York 12524-0445

Defendant No. 3 Name C.O. Mitchell Shield # _____
 Where Currently Employed Downstate Corr. Facility Box F
 Address Red Schoolhouse RD Fishkill, New York 12524-0445

Defendant No. 4 Name C.O. Johnson Shield # _____
 Where Currently Employed Downstate Corr. Facility Box F
 Address Red Schoolhouse RD Fishkill, New York 12524-0445

Defendant No. 5 Name C.O. John Doe Shield # _____
 Where Currently Employed Downstate Corr. Facility Box F
 Address Red Schoolhouse RD Fishkill, New York 12524-0445

II. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

- A. In what institution did the events giving rise to your claim(s) occur? Downstate Corr. Facility Box F Red School House RD Fishkill, New York 12524-0445 "3 complex C-Block"
- B. Where in the institution did the events giving rise to your claim(s) occur? Complex 3 C-Block 13-18 tier area and in 13 cell / When he put his hand through the rectangular opening he was standing in front of 13 cell.
- C. What date and approximate time did the events giving rise to your claim(s) occur? July 6th 2019 between the hrs of 9:30 A.M. to 10:30 A.M.

Defendant No. 6 Name: C.O. John Doe

Downstate Corr. Facility Box F

Red Schoolhouse R D Fishkill, New York 12524-0445

Am
Approx 9:30 - 10 something

D. Facts: On July-6-2019 SGT. Pacheco along with 5 C.O.'s in tow he SGT. Pacheco then followed me in my cell ^{Nº} 13 while C.O. M. Carlstrom, C.O. Mitchell, C.O. Johnson and 2 John Doe's looked on. We had some very disrespectful words with each other then he stepped out. While he was in front of my cell we were still degrading each other, he then reached in I believe his "right" hand ~~and~~ ~~stuffed~~ ~~1~~ ~~maybe 2~~ fingers in my mouth scratching my upper left gum drawing blood and then stated "Fagget". His hand entered the rectifier part of the door on cell 13. I then said you scratched the inside of my mouth he and the SGT. Pacheco and 5 officers walked off laughing and making jokes. 7-3 C.O. M. Carlstrom was right there and showed a deliberate indifference to my medical needs, also a failure to protect. The other C.O.'s that seen what happened is 7-3 C.O. Mitchell, C.O. Johnson and 2 John Doe's, they all failed to protect and denial of equal protection. I then called unit C.O. M. Carlstrom to get a update on my medical attention in which he then said it's not up to him and 7-3 Nurse Jane Doe said she don't care cause I always come to the clinic for chest pains from my allergy. I didn't get the Nurse name but it was a clear case of deliberate indifference to medical needs for my mouth! The other people that seen what happened are 5 inmates Marcus Ramirez, Dickson, or guy Maisonet who don't speak english to well and 2 John Doe's that was in 17-18 cell. I also said something to a bunch of people through out the day but was shunned by the Medical Department. Here's the name of each individual 7-3 East Lobby C.O. Pearson, 3-11 SGT. A. Pavez 3-11 C.O. Abrams C-block unit officer, SGT. Smith 11-7 and 11-7 C.O. Frisenda. I was notesee attached

III. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received. The injury that I sustained is a scratch on the upper left gum of my mouth that bled and I was not given medical attention until July-8-2019 in the morning.

IV. Exhaustion of Administrative Remedies:

The Prison Litigation Reform Act of 1995, 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?
Yes ☒ No ☐

→ continuation from pg. 3 "Facts section".

seen by medical until July - 8 - 2019 when I was being transferred out of the jail to my new facility.

If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s): Downtown Corr. Facility Box F Red Schoolhouse
80 Fishkill, New York 12524-0445

B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

Yes ☒ No ☐ Do Not Know ☐

C. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?

Yes ☐ No ☐ Do Not Know ☒

If YES, which claim(s)? _____

D. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose not cover some of your claim(s)?

Yes ☐ No ☐ Do Not Know ☒

If YES, which claim(s)? _____

E. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?

Yes ☐ No ☒

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes ☒ No ☐

F. If you did file a grievance, about the events described in this complaint, where did you file the grievance? Elmira Corr. Facility P.O. Box 500 Elmira N.Y. 14902-0500

1. Which claim(s) in this complaint did you grieve? The Assaulted from SGT Pacheco

2. What was the result, if any? Grievance is denied

3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process. I appealed but never got a response!

G. If you did not file a grievance, did you inform any officials of your claim(s)?

Yes ☒ No ☐

1. If YES, whom did you inform and when did you inform them? Yes I informed
3-11 SGT. A. Packer, 3-11 Co. Abrams, 7-3 C.O. Pearson, SGT Smith 11-7,
and C.O. Frisenda 11-7. On the 7-3 shift I also informed that C.O. M. Carlstrom

2. If NO, why not? _____

I. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.

On the date July -6-2019 I made a request to see medical because the
SGT. Pacheco 7-3 area supervisor for 3 complex and my unit SGT denied
me the "right" to get my mouth reamed out after he put ~~the~~ one of his
fingers in my mouth! He went as far as to tell C.O. M. Carlstrom the
C-Block officer to disregard that cause I was on "draft status". Then
the inmates who witnessed it happen Marcus Ramirez, Dickson, Maisonet and 2 John Doe's. See attach

Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

V. Relief:

State what you want the court to do for you.

I would like the court to ~~dismiss the case~~
compel the Defendants to compensate me in the amount of \$6,300.00!

VI. Previous lawsuits:

A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes ☐ No ☒

On
these
claims

Continuation Pg-5

P.S. Additional information that is relevant to my remedies and the exhaustion

On July-6-2019 through out the day I tried to get to medical on every shift 7-3-3-11 and 11-7 but was not assessed until July-8-2019, after having somebody's dirty fingers in my mouth! This exhibit is a list of everybody that I stopped and said something to by shift's and title's. ~~But~~ These are the ones that showed "blatant" and "wanton disregard" 7-3 shift supervisor for 3 complex SGT. Pacheco also C.O. M. Cahstrom 7-3 shift C-Block officer basically denied me the equal right of everybody else. Here is a list of everybody that attempted to help me but kept saying they were being stonewalled by the 7-3, 3-11- and 11-7 medical staff. I will go in order 3 complex East Lobby C.O. Pearson, 3-11 shift SGT. A. Pavez, 3-11 C.O. Abrams unit officer, 11-7 SGT. Smith and C.O. Frisenda 11-7 unit officer. The one thing they all had in common was they all said that somebody higher than them which would be SGT. Pacheco and somebody they have no jurisdiction over being 7-3 shift Nurse Jane Doe told them basically I was faking without giving me a proper assessment which was ~~in~~ planned by the area supervisor SGT. Pacheco! For the simple fact that SGT. Pacheco was the one responsible for me coming out my cell so he basically coerced everybody to be in favor of his actions! Marcus Ramirez and everybody on my tier was witness to this cruel and unusual punishment, failure to protect, deliberate indifference to medical needs and my denial of equal protection. Thank You

Signed this 24 day of January, 2020. I declare under penalty of perjury that the foregoing is true and correct.

Signature of Plaintiff

Inmate Number

Mailing address

Karnies Caines
19A1597
Elmira Corr. Facility
P.O. Box 500
Elmira, New York 14902-0500


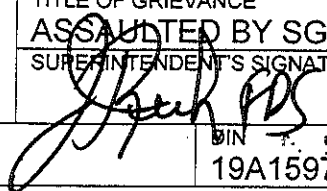
Note: All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury that on this 24 day of January, 2020, I will deliver this complaint to prison authorities to be mailed to the *Pro Se* Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff:

X Karnies Caines

STEVEN D LEE
NOTARY PUBLIC, STATE OF NEW YORK
CHEMUNG COUNTY
LIC. #01LE6231045
COMMISSION EXPIRES 11.15.22

 NEW YORK STATE Corrections and Community Supervision INMATE GRIEVANCE PROGRAM SUPERINTENDENT	GRIEVANCE NO. EL 49-951-19	DATE FILED 08/01/19
	FACILITY Elmira Correctional Facility	POLICY DESIGNATION 1
	TITLE OF GRIEVANCE ASSAULTED BY SGT.	CLASS CODE 49
	SUPERINTENDENT'S SIGNATURE 	DATE 08/27/19
GRIEVANT CAINES, K.	BIN 19A1597	HOUSING UNIT G-6-1

SUPERINTENDENT'S RESPONSE

Grievant claims allegations of assault by a Sgt.

Interviews were conducted and an investigation was completed.

SGT. P..., CO M..., CO C... and CO J... deny these allegations.

In conclusion, the investigation has revealed no evidence that the alleged behavior occurred.

Grievance is denied.

APPEAL STATEMENT

If you wish to refer the above decision of the Superintendent please sign below and return this copy to your Inmate Grievance Clerk. You have seven (7) calendar days from receipt of this notice to file your appeal.* Please state why you are appealing this decision to C.O.R.C.

 GRIEVANT'S SIGNATURE

 DATE

 GRIEVANCE CLERK'S SIGNATURE

 DATE

*An exception to the time limit may be requested under Directive #4040, section 701.6 (g)
 Form 2133 (02/15)

Karnes
ELMIRA CORRECTIONAL & RECEPTION CENTER

P.O. BOX 500

ELMIRA, NEW YORK 14902-0500

ELMIRA
CORRECTIONAL
FACILITY



Correctional Facility

Michael M. Aid
01/27/2020
US POSTAGE \$0.00



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1/31/20

Pro Se Office

To: J. Michael McMahon

United States District Court

Southern District of New York

Daniel Patrick Meyrhan United States Courthouse

500 Pearl St, RM 230

New York, New York 10007

